Correct Completion of a Coliform Lab Slip

This information is a refresher for water systems on the correct way to fill out the lab slip that gets submitted with coliform samples.

All parts of the lab slip are important. The Department of Health will not accept the sample result if there is missing or incomplete information regarding date, time, system ID number, system name, or type of sample.

The numbers 1 through 10 below correspond to the numbers shown on the lab slip presented here.

• Date Collected and Time Collected: Refer to collection of the sample.

County Name: The county where the system is located.

2 Type of System: Check "Public."

If Public System, Complete: Include all six characters of System ID Number, in the correct order.

Circle Group: Circle if system is a "Group A" or "Group B" system.

- **Name of System:** As it is shown on DOH records such as the Water Facilities Inventory (WFI) form for your system.
- **9** Specific Location Where Sample Was Collected: This should include the address and the type of faucet from which the sample was collected. For example: "bathroom faucet at 123 lvy Lane."

Telephone No. – Day and Evening:

Day and evening phones where the sample collector or the system owner/manager can be contacted.

ĺ	STATE OF WASHINGTON DEPARTMENT OF HEALTH WATER BACTERIOLOGICAL ANALYSIS
ı	SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY If Instructions are not followed, sample will be rejected.
	DATE COLLECTED TIME COLLECTED COUNTY NAME
	TYPE OF SYSTEM IF PUBLIC SYSTEM. COMPLETE:
9	PUBLIC PUBLIC STSTEM, COMPLETE: PUBLIC CIRCLE GROUP A B CIRCLE GROUP
B	NAME OF SYSTEM
_	SPECIFIC LOCATION WHERE SAMPLE COLLECTED TELEPHONE NO. DAY ()
9	EVENING () SAMPLE COLLECTED BY: (Name) SYSTEM OWNER/MGR.: (Name)
	SOURCE TYPE GROUND WATER UNDER SURFACE INFLUENCE SURFACE WELL O' SPRING PURCHASED O' COMBINATION
6	SURFACE WELL or SPRING PURCHASED or COMBINATION INTERTIE SEND REPORT TO: (Print Full Name, Address and Zip Code)
	WASHINGTON
3	TYPE OF SAMPLE (check only one in this column) ROUTINE ROUTINE ROUTINE ROUTINE Chick reatment Free) Chickinsted (Residual:TotalFree)
	Uninvested or Other
	RAW SOURCE WATER Source # S Total Coliform NEW CONSTRUCTION or REPAIRS Fecal Coliform OTHER (Specify)
9	REMARKS:
	(LAB USE ONLY) DRINKING WATER RESULTS
ı	UNSATISFACTORY, Colforms present REPEAT SAMPLES SAMPLES REQUIRED Focal present Focal absent
	OTHER LABORATORY RESULTS
	TOTAL COLIFORM /100 ml
1	FECAL COUFORM /100 ml PLATE COUNT /ml ANOTHER SAMPLE REQUIRED
	SAMPLE NOT TESTED BECAUSE: Sample too did Wong container IntrC Turbid culture Excess debris
	SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS
	SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS LAB NO. (7 DIGITS) DATE, TIME RECEIVED RECEIVED BY
	DATE REPORTED LABORATORY:
	REMARKS

- Sample Collected By: The name of the person collecting the sample. Name of System
 Owner/Manager: The name of the person responsible for operating the system.
- **6** Source Type: Check which type of source supplies the water system.
- **⊘** Send Report To: Name and address where the lab should send the water system's copy of the results. (Note: The lab also sends a copy of the results to DOH, so you generally don't have to.)
- **3** Type of Sample: Check ONLY ONE box in the left hand column of this section. The different types of samples are:

Routine samples are those collected for compliance with monthly sampling requirements.

To the right of the Routine box: If the system is serving treated water, check the appropriate box(es) to indicate the type of treatment. The chlorine residual should be recorded each time a coliform sample is collected from a system that treats its water with chlorine.

Repeat samples are collected immediately after a Routine sample is found to be unsatisfactory. To receive credit for repeat samples, you must enter the lab number of the original unsatisfactory Routine sample and the date the Routine was collected.

The lab can give you this information when they notify you of the Routine sample results.

NOTE: If your system is treated with chlorine, measure the chlorine residual when each repeat sample is collected and write the residual in the space adjacent to the Routine box.

Raw source water samples should include the two-digit DOH source number that is found on your WFI. This type of sample is collected from the source prior to treatment and is required for systems using surface water sources.

New construction/repairs or **Other** types of samples will not count for compliance.

Other should be used for investigative or "engineering" samples.

- **9 Remarks:** Note any special instructions that you have for the lab.
- (Lab Use Only) Drinking Water Results: Don't enter anything in this section.

Other Miscellaneous Tips on Lab Slips and Sample Collection:

For small systems that normally collect one routine sample per month: If you have an "Unsatisfactory" routine sample result, you must collect four repeat samples as soon as possible after learning of the result. In the next month, you must collect five routine samples instead of the usual one.

For systems that normally collect two, three, or four routine samples per month: If you have an "Unsatisfactory" routine sample result, you must collect three repeat samples as soon as possible after learning of the result. In the next month, you must collect five routine samples instead of the usual number.

For systems that normally collect five or more routine samples per month: If you have an "Unsatisfactory" routine sample result, you must collect three repeat samples as soon as possible after learning of the result. In the next month, you should collect your normal number of routine samples.

If you have questions, please contact:

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